

Two Institutional Approaches to
Addressing Professionalism in
Academic Medicine Centers:
The Approach at the University of
Missouri-Kansas City School of Medicine

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Initiation of UMKC approach

- Since the school opened in 1971 it has taken a
- **Comprehensive approach to promoting principles of medical professionalism**
 - Excellence
 - Humanism
 - Accountability
 - Altruism

Initiation of UMKC approach continued

- Approach comes from *Academic Plan*
 - Provides for study of the science & **art** of medicine
 - In a curriculum intertwining professionalism **over 6 years**
 - During important developmental life stage of students

Initiation of UMKC approach continued

- Plan provides for
 - **Longitudinal learning communities**
 - Where students can find a supportive environment & role models
 - To acquire technical knowledge & skills plus principles of professionalism & behavior

Major focus

- In promoting students' professional development, school has emphasized
- **A formal curricular &**
- **Assessment approach**
- **With learning communities playing a major role**

Formal curriculum

- *Experience-based Curriculum Guide*
- Codifies graduated expectations for professional behavior
- By year level
- Example

Formal curriculum: Graduated expectations

- Year 1 & 2 student
 - **Knows** principles of professional behavior
 - **Explains meaning** of each principle
 - **Gives example of how each principle can be demonstrated** in coursework
 - **Demonstrates stage appropriate behavior** related to each principle

Formal curriculum: Stage specific behavior related to accountability/responsibility

- Year 1 & 2 student

- Carries through on assignments & other responsibilities
- Completes course evaluations in a timely & thoughtful fashion
- Arrives promptly for meetings or classes
- Accepts personal responsibility for group projects

Formal curriculum: Stage specific behavior continued

- **Year 3 & 4 student**
 - All of the previous expectations & behaviors plus
 - Arrives promptly for meetings, classes, **clinics, rounds**
 - Accepts personal responsibility for group projects & **assigned patients**

Formal curriculum: Stage specific behavior continued

- Year 5 & 6 student
 - All previous expectations & behaviors plus
 - **Teaches junior students about responsibility through explicit role modeling**

Formal curriculum competencies

- Additional competencies related to professionalism
- Cultural diversity & social & community context of health care
- Communication
- Moral & ethical reasoning

Formal curriculum

- According to theory of situated learning

(Kenny, Mann, McLeod. Acad Med. 2003)

- **Best way to promote professionalism is mixture of**
- **Explicit didactic teaching &**
- **Learner participation in authentic activities**
- That's UMKC's approach throughout 6 year curriculum

Formal curriculum continued

- Year 1 & 2 courses & clinical rotations
 - Fundamentals of Medical Practice in learning communities
 - Liberal arts coursework in humanities, social sciences

Formal curriculum continued

- **Years 3 & 4**
 - Continuing care clinic & internal medicine rotation in learning communities
 - Family medicine with reflections on professionalism
 - Clinical skills

Formal curriculum continued

- Years 3 & 4
 - CUES Communication, Understanding, Education, Self-awareness
 - Advanced skills
 - Includes cultural competency
 - Spirituality

Formal curriculum continued

- Years 3 & 4

- Ethics

- The health of the public

- End of life

Formal curriculum continued

- Year 5 & 6

- Clinic & docent rotation in learning communities
- Other clerkships
 - Of note ER teaching CIPS with critically ill
- Humanities in medicine course
 - Literature & medicine
 - Body image

Curriculum in learning community: Years 1 & 2

- **Fundamentals of Medical Practice**
- 12 entering students assigned to community physician called docent
- Stay together for two years
- Objectives
 - Learn the culture of medicine
 - Acquire person-centered communication skills
 - Learn rudimentary clinical skills

Curriculum in learning community: Year 1 & 2 continued

- **Experiential learning**
- Participate in life of health care setting
 - Observe patient care of docent
 - Interact with patients
 - Shadow health care professionals
- Interact with older adults as mentors-on-aging

Curriculum in learning community: Years 1 & 2 continued

- **Explicit didactic learning**
- Docent handbook
- Lecture series on professionalism
 - Principles of professionalism: humanism
 - Inui's Education for Professionalism
 - Conflict of interest
 - Expressing professionalism thru communication
 - Exemplars of professionalism

Curriculum in learning community: Years 3 - 6

- 12 students & docent serve together internal medicine (docent) rotation & continuing care clinic
- Objectives: acquire full spectrum of patient care competencies
- Under tutelage of
 - Docent, formal role model
 - Senior student
 - Expected to support junior student's personal, professional development

Curriculum in learning community: Years 3 – 6 continued

- **Studies show**

- Graduated responsibility for patients critical factor in professionalism
- Docent is frequent role model for professionalism
- Student partners support each other
- But docent, senior partner are not consistently positive role models
- Can learn from negative models too

Curriculum in learning community: Years 3 – 6 continued

- **Docents & other faculty have requested assistance with teaching professionalism**
- **We have undertaken a project to do that & promote explicit role modeling**

Recent curricular developments

- Appreciative inquiry involving
- Learning communities in story telling
- About best experiences docent had with professionalism
- Students
 - Interviewed their docents
 - Wrote narratives based on docent stories
 - Reflected on stories

Recent curricular developments: appreciative inquiry

- Qualitative analysis of narratives & reflections showed
- Themes in docent stories mapped to principles of professionalism
- Student reflections demonstrated awareness of these principles

Recent curricular developments: appreciative inquiry

- Reflections indicated story-telling
 - Prompted new ideas about professionalism
 - Reinforced old ideas
 - Contained guidance to resolving future professionalism conflicts
 - Strengthened relations with docents

Recent curricular developments: appreciative inquiry continued

- Narratives posted on web site
- With discussion questions, activities, & references
- Workshop planned on how to use web site www.umkc.edu/profstories

Recent curricular developments

- Portfolio project on humanism
- Occurs in existing Year 1 – 4 courses & rotations
- Students receive instruction about & practice reflection
- Write one major reflective piece per course for portfolio

Recent curricular developments: portfolio

- Topics

- I am now a 65 year old physician contemplating retirement:

- What has been the greatest source of satisfaction in your practice of medicine? Your greatest source of dissatisfaction? What challenges have aging presented to you personally? Professionally?

Recent curricular developments: portfolio continued

- **Topics**

- Identify & describe an unspoken rule you've encountered here that compromises your ability to become the ideal physician you want to be; suggest ways you can counter that rule
- Capstone

Ceremonies & Rituals

- Year 1 Oath Ceremony
 - Seminar
- Year 3 White Coat
 - Class philosophy
- Gold Humanism Honor Society induction
- Graduation

Formal Assessment of Students

- **Faculty** observe, interpret, & rate students' professional behavior in
 - Courses, clinical rotations, clerkships
 - By using behaviorally anchored scale
 - Failing professionalism competency = failing clerkship

Formal Assessment of Students continued

- **Peers assess each other** in selected classes & clerkships Year 3 onward
 - Formative function stressed
 - Use faculty counselor to address negative peer assessments

Formal Assessment

- **Standardized patients rate students'** professional behavior in PBAs
 - Year 3
 - Year 5
- **Faculty & staff** use praise & concern forms
 - In educational settings

Formal Assessment

- ***Standards of Professional Conduct***
undergirds assessment
- Defines school's expectations for professional behavior
- Outlines procedures with due process for
 - Resolving allegations of professional lapses
 - Remediating unprofessional behavior where appropriate

Stakeholders

- Faculty as
 - Curriculum designers
 - Teachers & role models
 - Evaluators

Stakeholders continued

- **Students as**
 - Recipients
 - Teachers & role models
 - Evaluators
 - **Change agents**
 - Supreme Court
 - Role in *Standards* codification

Other Stakeholders

- Staff
- Patients
- Profession

Advantages

- Uncertain if there is a right way
- If there are advantages, then they include the following
- Curriculum can be designed as a set of coherent experiences

Advantages continued

- Curriculum & assessment can
 - Reinforce each other
 - Evolve in an informed way
 - Respond to hidden curriculum
- Sends message: school believes professionalism is important

Disadvantages & future areas

- Can be discerned in ongoing challenges
- Design experiences so they are real, not busy work
 - Investigate factors involved in development of professionalism, humanism

Disadvantages & future areas continued

- **Reach students who are not open to learning about professionalism**
 - Attitudes to psychosocial issues in medicine not related to negative evaluation of psychosocial courses
- **Reduce tension between teaching/learning art & science of medicine**

Disadvantages & future areas

- Increase attention to context of hospital environment
- Complete comprehensive professionalism policy for faculty, residents, students
- Promote greater consensus in opinions about professionalism

Disadvantages & future areas continued

- Enable faculty to be more explicit role models
- Support faculty in gatekeeper role
- Find safe places for discussion
- Not perfect and won't ever be, but we continue to strive